

A



DEPARTMENT OF VETERANS AFFAIRS

**Medical Center
2215 Fuller Road
Ann Arbor MI 48105**

In Reply Refer To:

May 15, 1997

RECEIVED MAY 22 1997

506/111G
Bobby McClain
SSN 385-44-0444

The Honorable David W. McKeague
United States District Judge
315 W. Allegan, Room 119
Lansing, MI 48933

RE: United States v. Bobby McClain

Dear Judge McKeague:

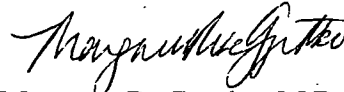
I write this letter on behalf of Bobby McClain in explanation of his medical condition. I am a Pulmonary and Critical Care physician at the University of Michigan and Ann Arbor Veterans Administration Medical Centers. I have taken care of Mr. McClain for over five years and am well acquainted with him and his medical problems.

Mr. McClain had the diagnosis of sarcoidosis made in 1977 on a biopsy specimen. His sarcoidosis has resulted in bulky lymph nodes in his chest and extensive damage to his lungs. The destruction to his lung tissue is so extensive that it has resulted in the formation of cavitory lesions within his lung and frequent pulmonary bleeding. Additionally, some of these cavities have become chronically infected with a fungus that can not be completely eradicated without surgical intervention. Mr. McClain's disease has had a profound impact on his pulmonary function so that his FEV1, which is the amount of air a patient can blow out in one second, is only about 1 liter and his forced vital capacity is only about 2.2 liters. This is less than half of what would be predicted for a man of Mr. McClain's age and size. At this level of lung function, patients are short of breath with activities of daily living, and frequently struggle to breathe on mere showering, walking about, or any trivial activity. Mr. McClain's underlying pulmonary disability has also resulted in frequent lung infections requiring admissions to the hospital and the administration of intravenous antibiotics. To keep his disease under control, he has required the drug Prednisone which has significant side effects resulting in suppression of normal adrenal function, osteoporosis, and weakness. I believe Mr. McClain's medical condition has rendered him severely infirmed and will likely profoundly shorten his natural life span. Although when he is at baseline he does not require supplemental oxygen, he frequently needs oxygen when he develops respiratory infections.

The Honorable David W. McKeague
May 14, 1997
Page 2

I understand that Mr. McClain has been involved in serious illegal activities. I am greatly saddened by this, as I have known Mr. McClain for many years and feel I have substantial information about his lifestyle and priorities. I believe criminal behavior is completely out of character for him. I request that you please consider Mr. McClain's severe, irreversible, and life shortening medical illness when you make decisions regarding his case.

Sincerely yours,



Margaret R. Gyetko, M.D.
Assistant Professor of Internal Medicine
Pulmonary & Critical Care Division
University of Michigan Medical Center

Staff Physician, Pulmonary Section (111G)
Assistant Chief of Internal Medicine
Ann Arbor Veterans Affairs Hospital
Phone: (313) 761-7980

cc: John Burhans, Attorney ✓
505 Pleasant Street, Suite 400
PO Box 648
St. Joseph, MI 49085
Fax: (616) 982-1928

Bobby McClain
75039 CR 380
South Haven, MI 49090



The University of Michigan Medical Center

Ann Arbor, MI 48109-0360

Department of Internal Medicine
Division of Pulmonary and Critical Care Medicine
3916 Taubman Center
Box 0360

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October 21, 1997

506/111G
Bobby McClain
SSN 385-44-0444

The Honorable David W. McKeague
United States District Judge
315 W. Allegan, Room 119
Lansing, MI 48933

RE: United States v. Bobby McClain

Dear Judge McKeague:

I write this letter on behalf of Bobby McClain to update you on his medical condition. I am a Pulmonary and Critical Care physician at the University of Michigan and Ann Arbor Veterans Administration Medical Centers. I have taken care of Mr. McClain for over five years and am well acquainted with him and his medical problems.

If you recall from my letter dated May 14, 1997, Mr. McClain had the diagnosis of sarcoidosis made in 1977 on a biopsy specimen. His sarcoidosis has resulted in bulky lymph nodes in his chest and extensive damage to his lungs. The destruction to his lung tissue is so extensive that it has resulted in the formation of cavitory lesions within his lung and frequent pulmonary bleeding. Additionally, some of these cavities have become chronically infected with a fungus that can not be completely eradicated without surgical intervention. Mr. McClain's disease has had a profound impact on his pulmonary function so that his FEV1, which is the amount of air a patient can blow out in one second, is only about 1 liter and his forced vital capacity is only about 2.2 liters. This is less than half of what would be predicted for a man of Mr. McClain's age and size. At this level of lung function, patients are short of breath with activities of daily living, and frequently struggle to breathe on mere showering, walking about, or any trivial activity. Mr. McClain's underlying pulmonary disability has also resulted in frequent lung infections requiring admissions to the hospital and the administration of intravenous antibiotics. To keep his disease under control, he has required the drug Prednisone which has significant side effects resulting in suppression of normal adrenal function, osteoporosis, and weakness. I believe Mr. McClain's medical condition has rendered him severely infirmed and will likely profoundly shorten his natural life span. Although when he is at baseline he does not require supplemental oxygen, he frequently needs oxygen when he develops respiratory infections.

Despite Mr. McClain's exemplary compliance with medical advise, he recently required more than ten days of hospitalization for fever, shortness of breath and coughing up of blood and infected secretions. He required the administration of intravenous antibiotics and close medical monitoring. He gradually improved and was finally discharged on October 4, 1997, with close Pulmonary outpatient follow up. This pattern of medical decompensation, and the requirement for hospitalization is likely to occur frequently, especially if the patient is exposed to respiratory pathogens, which is likely to occur whenever conditions are crowded. Mr. McClain, himself, is also a potential source of infection.

TOTAL P.02

The Honorable David W. McKeague
October 21, 1997
Page 2

I provide you with this information in the hope that you would take it into consideration when you make decisions regarding his case, particularly in regards to incarceration.

Sincerely yours,



Margaret R. Gyetko, M.D.
Associate Professor of Internal Medicine
Pulmonary & Critical Care Division
University of Michigan Medical Center

Staff Physician, Pulmonary Section (111G)
Assistant Chief of Internal Medicine
Ann Arbor Veterans Affairs Hospital
Phone: (313) 761-7980

cc: John Burhans, Attorney
505 Pleasant Street, Suite 400
PO Box 648
St. Joseph, MI 49085
Fax: (616) 982-1928

Bobby McClain
75039 CR 380
South Haven, MI 49090



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Phone (616) 983-0571
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April 25, 1997

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Steven J. Garrett, M.D.

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Michael E. Mayle, D.O.

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Carol D. Luzzi, M.D.

PHYSICAL THERAPY

UROLOGY

John E. Barnow, M.D.
David W. Terhune, M.D.
Peter J. Bridges, M.D.

Hon. David McKeague
United States District Judge
315 West Allegan
Lansing, MI 48933

RE: BOB MC CLAIN
HISTORY No. 30812-2
D.O.B. 2-17-42

Dear Sir:

I have had the opportunity to be Mr. Bob McClain's personal physician since February of 1994. Mr. McClain has a very severe progressive type of a pulmonary disorder called a sarcoidosis. Over the last three years Mr. McClain's pulmonary condition has steadily deteriorated. He has needed multiple hospitalizations at the Lakeland Medical Center in St. Joseph for acute flare ups of his pulmonary condition. This gentleman presently is on multiple medications consisting of Prednisone 40 mg. daily, oxygen taken especially at night and with exertion due to problems of reduced oxygen levels in his blood from his sarcoidosis, breathing treatments at home with medications such as bronchodilators to keep the lung breathing passages as open as possible, antibiotics the first 10 days of each month since he has a propensity for frequent lung infections. Mr. McClain also has had problems of severe pain involving the upper and lower mid back and shoulders from a case of severe herpes zoster infection (shingles) that badly affected him less than a year ago.

In my opinion Mr. McClain continues to be monitored very closely for his medical conditions and for his medications that he is presently on. He is getting progressively incapacitated from his ongoing lung problem and is certainly a candidate for development of complications that may need hospitalizations in the future.

If you have any further questions or concerns about this patient's medical condition as it relates to this letter I will be happy to discuss this with you. Thanking you for this consideration. With personal regards.

Sincerely yours,

S. R. Shastri, M.D.
Dept. of Pulmonary Disease

SRS/js

JAMES SIRAJUDDIN, M.D.
203 CENTRE STREET
SOUTH HAVEN, MICHIGAN 49090
TELEPHONE 616-637-2102

April 25, 1997

RECEIVED APR 28 1997

To Whom It May Concern:

RE: Bobby McClain

Bobby McClain has been treated in this office by me since 12-09-96 for the following diagnoses:

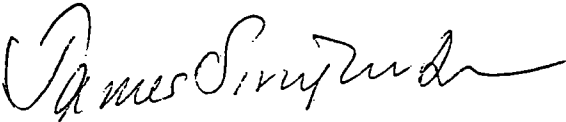
- 1) Markedly advanced Sarcoidosis
- 2) Severe chronic Pulmonary disease with recurrent exacerbation
- 3) Angina Pectoris
- 4) Reflux Esophagitis

He is on

- 1) Prednisone 20 mg 2-3 times a day.
- 2) Albuterol 2 puffs 3-4 times a day.
- 3) Azmacort 6 puffs twice a day.
- 4) Tessalon perles 100 mg 1-2 q 6 hrs.
- 5) Elavil 25mg at night.
- 6) Imdur 60mg daily.
- 7) Organidin tablets 1 tablet 4 times a day.
- 8) Prilosec 20mg daily
- 9) Theodur 300mg at night
- 10) Keflex 500mg 3 times a day.

Bobby gets recurrent infection of the lungs and needs to be on antibiotics quite frequently, additionally he is on oxygen 2 liters/min for 10-12 hours at night and as needed during the day. His clinical condition is very serious and needs medical attention on a continuing basis. This is my opinion that any confinement other than home will put his health in severe jeopardy.

Thank you,


James Sirajuddin, M.D.

mmpc

Michigan Medical, P.C.

PULMONOLOGY / SLEEP MEDICINE

ALLERGY / IMMUNOLOGY

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RECEIVED OCT 02 1997

September 22, 1997

Mr. Mark W. Restum
United States Probation Officer
210 Federal Bldg.
315 West Allegan
Lansing, MI 48933

RE: Bobby McClain

To Whom It May Concern:

Bobby was seen and evaluated by me at the Fremont Pulmonary Clinic and was found to have the following problems: Severe longstanding sarcoidosis, severe bronchitis and bronchiectasis, and respiratory failure secondary to all of the above.

It would be my considered medical opinion that he will need close, longstanding medical care throughout any incarceration and should be held in a facility that has a high standard of medical care close at hand. In the absence of such easily available medical care, I fear his condition would significantly worsen.

I would be happy to answer any specific questions you have. Please feel free to contact me at the above address and phone number.

Yours sincerely,



David Quimby, M.D. - F.C.C.P.

DQ/mj

cc: Mr. John T. Burhans